

PHILADELPHIA MEDICAL TIMES.

SATURDAY, DECEMBER 6, 1873.

ORIGINAL COMMUNICATIONS.

NEUROTOMY.

BY S. WEIR MITCHELL, M.D.

THE state of medical opinion as to the results of nerve-sections has undergone some strange reversals from time to time, until of late, owing chiefly to imperfect observation on the part of certain eminent surgeons, we are told that a large nerve can reunite within a few days after having been divided, and can thus early reassume its lost functions. Upon this point, as has often happened, the physiologists and clinicians were on opposite sides. Nerve-sections in the laboratory, even in young animals, gave no such result as the presence of feeling a few hours after the division of a nerve. It is most interesting to observe what occasioned this conflict of opinion, and to see how both sides were somewhat astray, and how the truth—a most useful and practical one—has at last come out of it.

In 1864, the usual physiological belief was, that a nerve having been cut, some definite region to which it was distributed would lose all sense of feeling, and that certain muscles would act no longer until after many months, when, in fortunate cases, the nerve-ends reunited, and the sensory and motor functions became partially or fully restored. In the same year, 1864, Laugier brought the ends of a cut nerve together by suture, and saw that the parts involved had some feeling and motion *the very same day*. As strange results were obtained by Nélaton and Paget. But soon after Verneuil pointed out that in cases where no reunion could have taken place, where, in fact, a post-mortem section showed absence of union, motion had been seen and sensation noted in the parts concerned: so that some of the cases proved too much. In 1867, Letiévant, after dividing the median nerve in man, satisfied himself that both feeling and motion remained, where, according to the ordinary notions, none should have been found. A careful study, however, showed that each muscle fed by the cut nerve was really palsied, and that the motions seen were due to muscles supplied with nerve-force by the ulnar and radial. As to this there can be no doubt; and my own study of a recent case has on this point satisfied me thoroughly. The seeming presence of feeling was more of a puzzle. It was found that feeling was vastly lessened in the median area, but not lost, except in a very limited space: now, this state of things existed within a few hours after the section, when not even the wildest believer in regeneration of nerve could dream it had already taken place. The explanation in this especial case lies in the existence of branches from the ulnar which enter the median nerve below the point of section, and also in the intimate plexus it forms with other nerves at the finger-ends. The anatomists are, in part, responsible for the clinical difficulty. Take for instance Flower's Atlas, or most of the anatomies,

and you will see that the median innervates this area, and the ulnar that, and so on, while in truth this whole surface-anatomy is a fiction and has to be studied anew by closer dissections and by utilizing such nerve-sections as are made in man. In fact, I believe it will be found that the regions of skin made sensitive by but one nerve-branch are very limited, and that throughout the whole surface, and not merely at the extremities, division of several nerve-stems will be needed to extinguish feeling of all forms in any one part of the skin. Strange, then, as it may seem, there is yet room for a careful monograph on the anastomoses of the main nerves. As regards the hand, some of these are pointed out in certain anatomies, and not in others. In Hilton on "Rest and Pain" there are interesting facts in this direction, and so also in Hirschfeld; while Letiévant has described at least one hitherto unnoticed anastomotic branch between the ulnar and the median. Yet later, Arloing and Tripiér have shown that in cats and dogs these communications are so complete that to annihilate feeling in any one part of the paw all its nerves must be cut.

I am amazed of late to see how difficult it is in man utterly to destroy feeling in the arm. In a notable case, Dr. Maury divided the whole brachial plexus in the neck. At first the posterior and inner cords were cut, and the patient was allowed to become free of the effects of ether. To my surprise, he still had touch-sense in the palm and dorsal surface of the hand, forearm, and arm, and on the inner face of the arm. The inner face of the forearm I think I did not examine. As to the rest, I am positive that partial feeling remained until, the external cord being divided, the whole sensibility was lost save at the upper parts of the arm, where there was, and still is, some tactile sense, due, I presume, to filaments given off from the plexus above the point of section. I do not dwell on the case, as it will be more fully related at another time. It went far towards justifying the extreme opinion I have mentioned as that likely to become a future medical belief. I had certainly believed, with others, that in the brachial plexus the interchange of fibres was notable, but I had not supposed it to be so perfect. M. Letiévant* and I myself have pointed out some of the fallacies which arise from want of care in studying the true areas of lost feeling; but it is needless to dwell further on this.

I may add that his views as to surface-anatomy of nerves are well illustrated by cases of my own, and that the lapping over, so to speak, of nerve-territories is to be seen in the face as well as in the extremities. Careful study of his facts, and of one of my own which I am about to publish, has shown that the nerve-distribution in the hand is subject to certain variations, so that sometimes the median, for example, innervates the palmar face of the thumb, the index and half of the second finger, sometimes extends over the whole face of the latter, and very often reaches the line given in Flower's plates, which carry it up to the middle of the face of the

* *Traité des Sections nerveuses, Paris, 1873.*

third finger. Also, in my case it gives scarce any surface-feeling to the palm, while in Letiévant's it largely supplies the palm on one side, according to the commonly received anatomy. Its section also greatly damages feeling on the dorsal aspect of the thumb, the index and second finger, but the area affected is not the same in his cases and in mine. Like variety exists as to the ulnar distributions, and, as I shall show in future, the radial nerve has been cut, and has left in one case so large a degree of feeling on the dorsal face of the hand that neither the patient nor the physician could perceive that there was any loss at all.

It is to be hoped that a few years will give us a large number of careful maps of the regions in which feeling is lost after nerve-sections. If they are made by observers as careful as Letiévant, we shall have, by-and-by, a new and reliable surface-anatomy. It is greatly needed. Nor do we require to know alone the ordinary distributions: we desire also to have sketches of the variations which seem to be frequent, for while as yet nerve-supply to muscles seems to be definite and constant, that to the skin-spaces appears to vary strangely and frequently.

I have said that there was practical value in this knowledge; as thus: a year ago, if a surgeon had been asked to cut a nerve to relieve a local injury on the extremity of the dorsum of the index-finger, he would, without doubt, have cut the radial; and yet, as we now know, the median may have been equally or more to blame. Doubts of like nature would arise if the cause to be quarantined by nerve-section lay in the third finger, because sometimes that part is fed by the median, sometimes by the ulnar, at times by both. In these facts lies, as I believe, the true blame for many of the failures to relieve by nerve-sections epilepsy or tetanus when these are due to an eccentric cause. The knowledge I am seeking becomes, from this point of view, of inestimable value.

I have asked myself again and again how it is possible to know just where a given nerve is distributed,—whether it chances to be normal, or one of those cases of variety which occur so often that we may well call them normal variations. There are, I think, three ways. If we freeze the ulnar, it is not difficult, as a rule, to determine by the lost feeling its area of distribution. The process is very painful, as I know to my cost. Pressure may also be used, and is more generally applicable. We can compress any of the arm-nerves until they lose power to transmit impressions, and then the area of lost feeling may be studied. This also is not a painless process, and it is not always or everywhere of easy application. In my own case I can easily trace out the distributions by passing a faradic or galvanic current through two or three inches of the nerve to be studied. I think the plan will usually answer. It gives very clear replies. Thus, a current of moderate intensity is felt only in the usual ulnar region, *i.e.*, up to the middle of the third finger, but most sharply in the ulnar palm and the little finger; made more severe, it is felt also in the third finger, and even beyond it; but a mild current

surely placed in the ulnar or the median gives clearly a sense of vibratory tingling in certain spaces. As to the interpretation of the results of very severe currents I am not so sure; they seem to affect nearly all of the hand; but as to this I shall probably have more to say in future.

M. Letiévant discusses in his excellent treatise the question of neurotomy for cancer, ulcers, tetanus, neuralgia, and epilepsy, but says no word as to its use in local spasm, as blepharo-spasm, in which I have seen brilliant successes and as remarkable failures. As regards neuralgia, I have had to counsel in favor of neurotomy where the pain had a traumatic cause, but in what I may fairly call a vast experience I have never been driven to cut a nerve for common neuralgias. Anstie does not even discuss the question; and it is to be remembered that galvanism has succeeded after neural section has failed. Yet I should not hesitate to use it, because I believe that even when the cause is of known centric origin there may be good reasons why neurotomy may cure. Indeed, we ought not to fail to remember that galvanism is a peripheral application, and does win successes, even where the malady is surely centric.

As regards the influence of nerve-section on the thermal conditions of a limb, the clinical observers tell us that there is always a fall of temperature, while the physiologists say there is a rise of the thermometer; but the latter observers experimented immediately after section, the others, as a rule, only after weeks or months, so that I felt free to predict that when the clinician would put himself in the same position as the physiologist, nature would make him the same answer; and this is just what my own cases have lately taught me. First, the temperature rises, and then, after a time, it falls. These constant conflicts of opinion always end in this fashion. Somewhere there has been a defect of observation, or else the stand-point whence the facts were seen has been different, and so the facts have been made to seem to vary. The case of neurotomy of the brachial plexus by Sands and Seguin* is, I suspect, the first example of this operation. It is admirably related, with scarcely any defects, which cannot be said of the European cases of neural section. In fact, as I have already said, the horrible confusion as to the results of neurotomy, which has so long embarrassed us, is due to observations so clumsy and imperfect that they cannot be too severely criticised.

KITCHEN MEDICINE.

BY J. SOLIS COHEN, M.D.,

Lecturer on Laryngoscopy and Diseases of the Throat and Chest in Jefferson Medical College.

KITCHEN Medicine is a term which will serve to express what is so significantly styled *Hausmittel* (literally house-means, or home-remedies) by the Germans. The resources of a modern kitchen are so vast that, with due attention to them, at least

* A Case of Traumatic Brachial Neuralgia. New York, Jan. 1873.

in the more ordinary forms of disease, or ailments rather, which form the bulk of a physician's practice, the intelligent practitioner can often practise therapeutics without drugs. It would be impossible to exhaust the subject in the course of a journal article, especially if one permitted himself to dwell upon the collateral subjects that such a theme would naturally suggest; and no attempt to do so will be made on the present occasion. The writer has had it in view for a long time to write a volume, to be entitled *Therapeutics without Drugs*, which should treat in a scientific manner of the remedial agencies of air, water, heat, cold, food, clothing, exercise, rest, *kitchen medicine*, and so on; without reference to a single drug of the hundreds that crowd our materia medica, or the slightest resort to a pharmacopeia.

The potent remedial virtues of drugs are by no means to be ignored. Instances are frequent enough in which it is impossible to treat disease without their aid. Still, it is well now and then to have our attention directed to agents which are apt to be overlooked because they are so familiar, and undervalued because they are easy of access.

If we take a cursory glance at some of the familiar articles to be seen in the kitchen, and reflect upon a few of the therapeutic uses to which they may be applied; if we reflect upon the nature of the physiological effects which it is the object of therapeutic agents to promote, and look in the kitchen for means to accomplish them; or if we run over in the mind a list of the most frequent ailments to which the human body is subject, and hunt mentally in the kitchen for means to obviate or relieve them, we shall find an efficient armament not at all to be despised. Every physician is fully aware of all this: yet such is the force of habit that it seems more professional to write a prescription and order its administration so many times in the twenty-four hours, than to recommend recourse to some simple or familiar measure which would answer an equally effective purpose. Our patients themselves are much to blame for fostering this habit. If a physician is called in because some member of a family has caught cold, to take a familiar example, and orders the patient to put the feet and legs into warm water, to go to bed and wrap a wet towel about the neck, and to abstain from meat, spices, coffee, and tea, for a day or two, *materfamilias* jumps to the conclusion that nothing is the matter, that she has been unnecessarily alarmed, and she begrudges the pecuniary acknowledgment that she will have to make in consequence. Many a physician has had the money value of some of his visits questioned "because he did not prescribe medicine." Ten to one, the next time a member of her family is ill, the economic matron will try her own hand at home-remedies, and, ignorant of the principles that actuate her medical attendant in their selection, will run the chance of doing something injurious instead of beneficial. Physicians, however, must be true to their calling, and suffer the imputations to which ignorant or thoughtless patients subject them.

It is almost superfluous to instance the success of homeopathic treatment as an example of the good

that can be accomplished without drugs; but we who cannot recognize any inherent efficiency in infinitesimal doses of medicines cannot look otherwise upon this practice.

Bread pills were fashionable at one time in the treatment of trivial complaints, the doses being given to quiet the apprehensions of the invalid, and the regulation of diet and of exposure, with resort to some of those practices which we designate as kitchen therapeutics, being depended upon as the direct remedial agencies. Many an apparent elaborate prescription is composed at the present day for similar purposes, in cases where it is expected that the physician should "do something," and where he feels that the step is superfluous. It is true that mental therapeutics is sometimes a necessary element of treatment; but it is a shame that we have to resort to unuttered deception in the science of healing.

Diluents are often called for in the practice of medicine, and many of the articles used for this purpose owe most of their benefit to the water in which they are administered; and water alone, impregnated, it may be, with some kitchen remedy,—as currant-jelly, or even barley, for example, in simple erythematous sore throat,—will be just as valuable in many instances as a pharmaceutical extract.

Emetics are often called for, and in many cases mustard-and-water is just as valuable as sulphate of zinc or copper, or tartar-emetic, and so on, and sometimes more so.

In cases of severe cramp in the intestines, dry heat applied from the door of a range or furnace, taken off and wrapped in folds of flannel to protect the skin, will often give prompter relief than a dose of opium. The mustard-plaster, so much in vogue and so very efficient as a topical remedy in many affections, is a familiar example of the value of kitchen medicine.

The use of table-salt in restraining hæmoptysis, and even the use of oil of turpentine, may be instanced as further examples. Cayenne pepper will do as good service in certain affections, as in bowel-complaints, or used as a gargle in sore throat, or taken in spirits of some kind as a preventive of the deleterious effects of exposure to malaria, as many other remedies more frequently prescribed. Vinegar comes in use as a local application very often: it is good to impregnate a sponge both to allay excessive action in the skin in fevers and in the sweats of hectic. It is often as good internally, in some form or other, as are other acids, mineral as well as vegetable, to assist digestion in certain varieties of dyspepsia. It is often as good an ingredient in a gargle as any other acid, and very often the best inhalation that can be given in certain inflammatory conditions of the respiratory passages. Salt-and-water is an excellent tonic to the skin; an efficient laxative in moderate costiveness, judiciously managed, better often than any saline purge; the very best and least injurious substance to use in the nasal douche to detach the accumulated secretions of certain forms of catarrhal inflammations of the nasal passages. Spices of various kinds are splendid

carminatives internally administered, and, quilted between folds of flannel, they form an excellent bandage to be worn over the abdomen of patients subject to bowel-complaints. Dry salt similarly quilted between folds of flannel, and heated before a fire, retains heat a long time, and is an excellent application in painful conditions of the bowel.

Cucumbers, cabbage, tomatoes, fruits of various kinds properly selected, unbolted flour, milk, calves' brains, sweet-breads, oysters, terrapins, certain kinds of fish, and other articles of ordinary or occasional diet, contain certain ingredients, in far better elaboration than the skill of the pharmacist can prepare, which can often be utilized for supplying deficiencies in the economy in the treatment of chronic disease.

Milk, lard, and sweet oil applied to bruises, to harsh skins, or used for anointing the body in scarlet fever and the like, are often of the greatest value. In chronic ulcerative laryngitis entailing dysphagia, the preliminary deglutition of a little sweet oil will often protect the parts from the mechanical irritation of food, and render swallowing more efficient and less painful.

In this manner a great number of examples could be collected of the efficiency of kitchen medicine. The more it is resorted to, the less will we depend upon drugs, and the simpler will be the art of prescribing medicine.

The list of drugs is enlarging so rapidly, new remedies are so crowding older ones out of use, that it is well, once in a while, for the practitioner to reflect upon what can be done, in suitable cases, without resorting to drugs at all.

TINEA SYCOSIS.

BY GEORGE G. WOOD, M.D.

TINEA SYCOSIS, or what is popularly called "barber's itch," when met with in its true form is usually very hard to cure. I have thought proper to submit to the profession, through the medium of your journal, the two following cases which occurred in my own practice:

Case I.—G. D., a farmer, aged 26 years, came to me suffering from "barber's itch" contracted about one month previously in a barber-shop. He complained of an itching, burning sensation on the chin. His chin was covered with small pustules, which, on being opened, discharged a thick tenacious matter that dried into crusts. The pustules I found, on close examination, to be the inflamed hair-follicles, and on plucking out the hairs they presented a frayed appearance at the roots, like the strands of a string, which is unmistakable evidence of a parasitic disease of the hair-follicles.

For treatment I tried, in rotation, white precipitate ointment, weak solution of corrosive sublimate, citrine ointment, sulphite of soda, and, in fact, all the parasitic remedies at hand, but without avail. He came back each time complaining that the disease was growing worse. Looking through Niemeyer's Practice, I found his treatment of sycosis so peculiar that I determined, as a last resort, to try it in this case.

First I removed all the crust or scab, by softening it with glycerin, next had him shaved as close as pos-

sible. I then took my little sharp-pointed bistoury and opened every pustule that I could find. Where the pustules were confluent, I made cross-incisions through the clusters. Like the shaving, this scarification was not nearly so painful as might be supposed. I next touched each opened pustule and cluster of pustules with a very strong solution of corrosive sublimate, made by dissolving one part of the sublimate in two parts of alcohol. During the night I had the part covered with a rag thickly smeared with white precipitate ointment. I repeated this process every day on the new pustules as they appeared. At the end of a week he was completely cured.

Case II.—J. R., tailor, aged 45, came to me suffering from "sycosis" of six weeks' standing. Symptoms the same as Case I., with the exception of the disease being confined to upper lip. He had consulted other physicians without avail. Not feeling like subjecting him to the rigorous and somewhat painful treatment of Niemeyer, I tried the usual list of parasitic remedies, as stated in Case I., but without the least favorable result: so at last I adopted Niemeyer's treatment, as in the other case. At the termination of one week he was entirely rid of this loathsome disease.

It only remains for me to say that I am perfectly satisfied with this method of Prof. Niemeyer's as the surest and quickest that I know, and so I would recommend it for trial by other physicians. The disease destroys the beard so fast that we need a quick means of curing it.

MUNCY, PA., November 11, 1873.

NOTES OF HOSPITAL PRACTICE.

PHILADELPHIA HOSPITAL.

SERVICE OF DR. H. C. WOOD, JR., OCTOBER 8, 1873.

Reported by JAMES C. MERRILL.

TRAUMATIC OBSTRUCTIVE COLITIS—ANTIPHLOGISTIC ACTION OF MERCURY—RECOVERY.

ANDREA MOLARAWITZ, German, aged 30, was admitted into this hospital on October 1; states that one week before admission, while trying to stop a runaway horse, he was violently struck in the left iliac region by the shaft of the carriage. He suffered much pain for several days, and noticed that his bowels became obstinately constipated after the reception of the injury, and for this cause applied for admission here.

On admission he had much pain in umbilical region; belly very tympanitic, breathing diaphragmatic and rather labored. He was ordered a house injection and oil. This having no effect, he was ordered during the next two days several doses of oil, Epsom salts, and an injection of lime-water and oil. Croton oil was administered in divided doses, and, these having failed, a forced injection of two gallons of water. The battery was finally applied, and some hours after the use of the induced current the man had three or four small passages at short intervals. Since this time his bowels have not been open, he has suffered much pain, and has taken no food.

As the man lies before you, you see that his belly is swollen and tympanitic. Notice particularly that pressure on it gives him no pain, so that certainly there is no acute peritonitis. There is now a slight fulness in the iliac region, and two days ago faint localized dullness was detectable on percussion, and there was decided but not excessive tenderness over the swelling. Our patient has not vomited since admission, and passes an ordinary amount of urine.

Our patient has at no time suffered much, but what pain he has had has been referred to the umbilicus instead of to the seat of injury. This is very apt to occur in intestinal diseases. In short, gentlemen, obstinate constipation is the most marked symptom of the case; for the large amount of purgative medicine has had but very little effect.

What one of the usual causes of protracted constipation is present in our patient? We may reject external compression of the bowels, as from cancer or some enlarged gland outside of the intestine, and constriction, as from cancer, etc., in the intestinal walls, because in these the constipation comes on slowly and gradually increases, and the feces are long and ribbon-shaped. Among the causes of acute constipation strangulated hernia is not infrequent, and I would warn you to be constantly on guard and insist upon a most thorough examination in every case resembling this. In this man we can find nothing to justify such a diagnosis.

Large gall-stones arrested in the intestines may produce symptoms analogous to those now present in the patient before us; but constipation from such causes is always preceded by severe bilious colic, which has not occurred in the present case. Hard foreign bodies are occasionally swallowed and cause constipation; but this is rare except in children, and has not occurred in this instance. Incarceration, when the bowel is bound down by bands of false membrane, as after peritonitis, has obviously not taken place here, because there has been no antecedent disease of such nature. The three most common causes of such symptoms as those of this man still remain for our consideration.

Faecal accumulation is by no means rare; indeed, if you are called to a case similar to this, but with a history of chronic constipation, you may almost take it for granted that this is the cause; and, even if a history of diarrhoea is given, do not fail to assure yourself as to the absence or presence of a faecal mass. The most common seats of this accumulation are just above the sigmoid flexure and low down in the rectum: if in the former position, an indistinct tumor is usually detectable by palpation or by dullness on percussion; if in the latter, digital exploration of the rectum will reveal the cause. This man, on his admission, was treated for faecal accumulation, but, as you see, without success; nor can an impaction of feces be detected by the means just mentioned; and I think the exciting cause of his protracted constipation is more serious, being either *invagination* or *enteritis*.

Invagination, in which the bowel is forced into itself like the finger of a drawn-off glove, at first permits an occasional passage of feces, or even allows of diarrhoea; later the oedema may cause such swelling of the coats of the bowel as to totally obstruct the canal. The characteristic symptoms are a sudden onset, vomiting, pain usually intermittent and not very severe, more or less complete constipation, and after a time passage of blood *per anum*, from rupture of the congested obstructed vessels at the seat of invagination. The vomiting may even precede the pain and constipation: it consists at first of ingesta, is then bilious, and later still stercoraceous. The latter generally indicates occlusion, and is always a very unfavorable symptom, particularly in males; in females it is sometimes caused by hysterical intestinal spasmodic occlusion. A tumor is usually detectable.

In the case before us all the above symptoms are, or have been, present, with the exception of vomiting and passage of blood *per anum*; and the question arises, Does the absence of these signs warrant us in rejecting the diagnosis of invagination? By exclusion we have already arrived at the diagnosis that the patient is suffering either from invagination or enteritis. Remem-

ber, the history dates back to a traumatism of the part, and the position of the lesion is the favorite position of obstructive enteritis,—the neighborhood of the sigmoid flexure.

Vomiting is as much a symptom of enteritis as of invagination; but its severity in either case is proportionate to the nearness of the lesion to the stomach, and its absence in our patient is probably simply due to the obstruction being low down in the neighborhood of the sigmoid flexure. As invagination is the severer of the two diseases, the probabilities seem to be that vomiting, even when the bowel is affected very low down, would be present more certainly in it than in enteritis. Hence the absence of vomiting inclines us towards enteritis in the present case. The absence of blood from the passages at this late date seems to me of vital importance. I believe it proves that the case is not invagination. If this be so, our patient must be suffering from enteritis, or, more correctly, colitis, as it is undoubtedly the large intestine that is affected.

The diagnosis having been made in our case as traumatic paralytic enteritis or colitis, the question of treatment follows. When the man was first under care in the hospital, he was treated, as you have been told, for faecal accumulation. If the true character of the disease had been detected at first, leeching over the seat of injury would no doubt have been practised; but antiphlogistic measures were not resorted to until a few days since, when the patient was put upon the use of opium and of blue mass. Yesterday afternoon pyalism was first detected, and simultaneously an improvement was noted, not a sudden marked one, such as follows relief by the action of a purgative in faecal accumulation, but the slight amelioration of symptoms such as should be expected to follow the action of a drug which lessens the cause of the obstruction, namely, inflammation. The expression of the man's face was much less anxious, the tongue was more moist and less heavily furred, the local abdominal tenderness and the abdominal pain were less. This morning these signs of improvement have increased; last night the man passed flatus spontaneously and freely, and the tympanitis is greatly lessened, and the tumor imperceptible.

Although he has had no stool as yet, I make confidently a favorable prognosis, because by the influence of the mercury the inflammation, the cause of the obstruction, has been conquered. To aid, however, in the production of a stool, a drachm of castor oil shall be given our patient every two hours. Liquid diet, *i.e.*, milk, shall still be freely administered. [The night subsequent to the clinic, four evacuations took place, and the man slowly but steadily convalesced from that time until he left the house, cured.]

TRANSLATIONS.

THE INFLUENCE OF ALCOHOL ON THE TEMPERATURE OF THE BODY.

By DR. FRANZ RIEGEL (*Deutsches Archiv für Klin. Med.*).

OBSERVERS in previous years were accustomed to ascribe to alcohol the power of elevating the temperature of the human body when introduced into the stomach, being led to this conclusion by the subjective sensation of warmth perceived by the subject of the experiment and observation. Observations, however, of later date have led some experimenters to a diametrically opposite conclusion,—*i.e.*, that the ingestion of alcohol into the economy is conducive to a reduction of the bodily temperature. Many of these experiments have been made upon inferior animals; and to these too much authority must not be given, for it is

of common experience in experiments upon small animals to have a marked reduction of temperature consequent upon trifling influences, and in a majority of these cases direct proof of the causation of the phenomena observed by the alcohol swallowed is wanting. In addition to this, the relative quantity of alcohol employed is so large that while the result may be of use as demonstrating the influence of alcohol upon the bodily temperature, it cannot be applied to solving the question as to the use of alcoholic stimulants in the treatment of disease, where small quantities are to be administered through long spaces of time.

For these reasons Dr. Riegel disregards the results obtained from experiments upon the lower animals, and confines his attention to the data of those experiments which have been made upon men, both healthy and diseased.

He deals only with the more important modern researches upon the subject, and with those only which have been conducted with special reference to the alteration in temperature, inasmuch as he has to do not with the special indications for the administration of alcohol, but only with its effect upon the bodily warmth.

Todd and his followers were the first among modern writers who strongly advocated the administration of alcohol in febrile and inflammatory affections. While his doctrines found many advocates in England, America, and France, in Germany they were received with a less degree of favor, due partially to the small number of experiments made to establish their truth or falsity, partly also to the variety of results reached by observers. In all the recent observations a great discrepancy of results is noticed, being, no doubt, partly due to a want of accuracy and frequency in examining and recording the variations of temperature.

The principal object of Dr. Riegel's own investigations has been to note the variations of temperature consequent upon the administration of alcohol in healthy individuals, as well as in those in all stages of fevers and in convalescence. He considers that the effect of the administration of alcohol upon the temperature is the most certain criterion as to the propriety of its use in the treatment of fevers, and if, as some recent investigators have asserted, this is constantly followed by an elevation of the heat of the body, its use can only be justified in the treatment of patients in a state of collapse or of those who have been previously habituated to its employment. If an elevation of temperature consequent upon the use of alcohol cannot be proven, there is nothing from this view of the case to contra-indicate its use, for it is only rational to endeavor by its timely employment to husband the forces of the economy. The argument in favor of its use becomes much stronger if it can be demonstrated that it has the power to produce a diminution of temperature, and that this power is increased by an increase in the amount administered.

Dr. Riegel's experiments number eighty-six, and in each case comparisons were made with the normal temperature of the same individual. The thermometer in many cases was introduced into the rectum as well as the axilla; and, from the discrepancies sometimes observed, the former locality is regarded as the preferable one for observations of this nature. In a majority of the cases white or red wine was employed; in some, alcohol diluted to a greater or less degree. From the observations made under the above conditions upon the first class of cases—convalescents—the following conclusions were drawn: 1. Alcohol, even in moderate doses, in many cases causes a lowering of the temperature of the body. The amount of this diminution averages as a rule only some tenths of one degree. 2. Only exceptionally is there noticed an elevation of the temperature consequent upon the administration of alcohol; not unfrequently, at least after minute doses,

there is no noticeable change. 3. The diminution of temperature in convalescents is, as a rule, less than in healthy subjects, or it may be altogether wanting. 4. In those who habitually drink alcoholic stimulants the depressing influence of alcohol upon the temperature is almost always wanting. 5. The frequent repetition of the doses of alcohol diminishes their lowering effect upon the temperature. 6. The amount of diminution of temperature is directly proportional to the dose of alcohol given. 7. The depression of temperature caused by alcohol is for the most part of but short duration, and the temperature soon returns to its previous grade.

These experiments, then, show that the administration of alcohol to convalescents and healthy subjects, if followed by any change in temperature, gives rise to a diminution in the bodily heat, but they do not justify the conclusion that a like result follows its use in febrile cases. To ascertain the effect of alcohol upon cases of this class, experiments were made upon patients suffering from acute articular rheumatism, typhus, erysipelas, etc., and the conclusions reached do not agree with those previously stated. In conclusion, Dr. Riegel states that the influence of alcohol, given in moderate doses, upon the temperature both in febrile and non-febrile states, is comparatively insignificant, but if any change is produced it is more common to have the temperature lowered than elevated. But, although alcohol cannot be looked upon as possessing anti-febrile powers, yet the proof that its administration does not cause any important change in the heat of the body presents us with a strong argument in favor of its use to prevent the too rapid waste of tissue in febrile affections.

The dangerous elevation of temperature must be combated by the use of cold and the other means at our command. Alcohol meets the second indication, to prevent waste of tissue and favor reparative action.

WILLIAM ASHERIDGE.

IMPERFORATE HYMEN (*British Medical Journal*, October 18, 1873).—Dr. D. Lloyd Roberts reports the case of a girl, aged 20, who suffered from the effects of an occlusion of the intravaginal orifice by a congenital fibroid-like and unyielding hymen. The abdominal cavity was occupied by a tumor, which sprang from the pelvis, fluctuated freely, was dull on percussion, and extended centrally above the umbilicus and laterally into the flanks. She voided her urine with great difficulty, and only while resting on her hands and knees. She had constant backache and headache, constipation, shooting pains in the pelvis, and a distended and inflamed urethra. She was anesthetized, and a small exploratory trocar was passed through the centre of the imperforate hymen, when a dark treacly fluid showed itself at the external orifice. A large trocar was then introduced, and the fluid allowed to pass through the tube, aided by gentle but firm pressure on the abdomen. Eighty-four ounces were thus withdrawn, and during the subsequent fortnight about twenty more ounces oozed away. In a month the opening in the hymen was enlarged with bougies, and the membrane was still further divided. The only unfavorable symptom in the progress of the case was the occurrence of some abdominal pain and tenderness, with general pyrexia, about four days after the operation. This trouble was due to a cessation of the discharge, which had also become offensive: it passed off as soon as the flow was re-established. Dr. Roberts considers this as illustrative of the cause of death after most abdominal and pelvic operations, which he believes to be septicæmia, and not, as generally supposed, metritis or peritonitis.

PHILADELPHIA MEDICAL TIMES.

A WEEKLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.

We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.

All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.

PUBLISHED EVERY SATURDAY BY

J. B. LIPPINCOTT & CO.,

715 and 717 Market St., Philadelphia, and 25 Bond St., New York.

SATURDAY, DECEMBER 6, 1873.

EDITORIAL.

WHITHER ARE WE DRIFTING?

AMONG the signs of the times which it behooves those who are interested in the reputation of our profession to watch, is the treatment of the medical staffs of our hospitals by the boards of managers. "Honor the physician" was, according to all accounts, a well-obeyed maxim in the days of our fathers; but now the high and mighty potentates who make up the governing boards too often appear to think that physicians are simply their artisans, porters, or draymen, to move at their bidding,—their pawns, to be placed here and there as whim or motives of policy may dictate.

Formerly, the attending physicians were looked upon as co-workers for the common weal, equal in right and in service with the managers themselves,—co-workers to be consulted, not insulted,—co-laborers whose brains and especial training gave them a right to speak and gave weight to their spoken words.

Now, when a revolutionary movement is contemplated, when a motion, perhaps owing its origin to the zeal without knowledge of some nervous trustee, takes shape, the staff find their notices in the morning paper on their breakfast-tables. A very recent and seemingly a very flagrant instance of this grave breach of courtesy is seen in the action of the Board of City Trusts at their last meeting. "Whereas," says the newspaper minute, "Whereas, ministering to the bodies of the poor, with the view of affording them relief from suffering, is a work of mercy

eminently proper for the Lord's day; and whereas, it frequently occurs that incessant labor through the days allotted to work is necessary, either from poverty or from the undue extortions of employers, thereby causing the neglect of the ailments of the eye: therefore, *Resolved*, That the Committee on Minor Trusts arrange with the surgeons to have the Dispensary at Wills Hospital open from two to three o'clock on each afternoon, including Sundays, from January 1, 1874, for the treatment of the eye."

The passage of such a resolution without consultation with the staff of surgeons was, we repeat, a grave breach of courtesy. What is involved? Simply this: that men who have toiled through the week, who have, perhaps, arranged their time through six days that they may have a few hours of quiet on the seventh, shall yield this too, and toil on, worse than the treadmill drudge, who has his day in seven. Simply this: that men who have daily given hours of work to charity shall strip themselves of their weekly dole to their wives and children. In truth, it was a grave breach of courtesy. The men thus ordered without consideration are in every way the peers of those whose thoughtlessness has forgotten their claims; and yet not a man of that board would have ordered his hired employees to give their labor on the Sabbath in such an off-hand manner as is demanded the unpaid labor of the physicians.

This action of the board was, however, not merely a grave breach of courtesy, but, to our thinking, also a great breach of good sense, and seemingly that which has been said to be worse than a crime,—a blunder.

In the first place, the medical staff of the hospital know far better than do the Board of City Trusts the wants of the poor. The difference is that which lies between the theoretical knowledge that comes from riding from hospital to hospital board meeting, from organizing charities, from doing what is perhaps most excellent and praiseworthy work, but work personally distant from the poor, and the practical knowledge which comes from daily personal contact, from visiting the poor in their homes, from hours spent by the bedside of the sick in the hospital. Surely it would have been but the dictum of common sense to consult with the men who had this knowledge before entering upon a measure which is almost unheard of in the annals of Philadelphia charity. In the second place, it is well to "look before you leap." We do not know what measures the staff will take,—we understand, however, they will offer a strong remonstrance at the next meeting of the Board of City

Trusts,—but this we do know, that if they refuse to perform the duty they cannot be compelled, and the Board of City Trusts cannot help themselves, since there are not enough oculists outside the staff in the city of Philadelphia to organize a new service, even if our specialists were so devoid of self-respect and of professional *esprit de corps* as to accept positions under such circumstances.

PROFESSIONAL ADVERTISEMENTS.

IN our late editorial upon the above subject we hastily included St. Mary's Hospital in the list of sinning institutions. Further inquiry has satisfied us that it has preserved its virginity unspotted.

A member of the medical staff of the Wills Hospital has called upon us to ask correction of an error which we inadvertently made in including the name of that institution among those which advertised their staffs. Formerly the hospital did so, and we were not aware that the custom had been discontinued. The same informant tells us that in the discussion which occurred at the time of discontinuance, the defence of the advertising was that "Pennsylvania Hospital did it." The more this matter is investigated, the more the responsibility is seen to rest upon the Pennsylvania Hospital; and one thing seems certain, if the medical staff of that institution will request the discontinuance of their advertisement by the board of managers, the battle will be won,—a great and widening breach in our profession will be healed. We trust that they will do it.

We have another word to say on this matter,—this time to the "contributors" of the hospital. The hospital needs funds. "Our beds are empty," we are told, "for want of them, and the poor are suffering." In the name of charity, we say to the wealthy, Give; but in the name of justice we ask, Is it right to put the money given for the healing of the sick into the pockets of the newspaper-owners? Why should a hospital be advertised at all, especially a hospital so well known? If advertised, why should there be more than a mere announcement? We do not know exactly how much money is at present spent in parading the names of the medical staff before the people, but we are informed, on what seems to us undeniable authority, that not long since the hospital was advertising at the rate of four thousand dollars a year. Ten empty beds in the hospital! Ten suffering sick in the city!

WE feel assured that the amount spent in advertising was reduced so soon as the managers comprehended how enormous it was. But the same principle is involved in spending one thousand dollars as in spending four thousand dollars. Those in need of hospital aid will certainly find out the boon if it be simply offered them. It must be only the very, very poor and ignorant of our city who, in the hour of sickness or of mortal injury, have not light enough to see the portals of the old Penn Hospital looming up in the distance. Such persons, however, do not read the high-toned papers in which much of this advertising is done, if indeed, as is more than doubtful, they read any papers at all.

We can perceive only one class which is reached by these advertisements. Merchant Longpurse, whose maid-servant is ill, looks into his morning *North American* to see who is on duty at the hospital, that he may send his coachman across the way to get a note of admission, rather than to trouble him to go to the hospital with the girl in regular form. We wot not, however, that this is really any advantage to the hospital or heals in the least the sufferings of the really poor who languish outside because the institution has not funds to receive them.

SIR HENRY HOLLAND died at his residence in London on his eighty-sixth birthday, the 27th of October, having just returned from an extended continental tour. It will be long before a successor possessing his varied accomplishments, and combining, as he did, profound medical knowledge with literary and scientific culture, will be found to fill the void which his death has left in the profession. A highly successful practitioner, commanding not only the love and respect of his patients, but also the esteem and affection of his medical associates, an indefatigable and adventurous traveller over three continents, a facile and prolific contributor to the higher periodicals and to the library of his profession, and, withal, a brilliant and fascinating ornament to the refined society in which he mingled, he has been the Admirable Crichton of our century, and has won for himself an enduring niche in the history of his time, and a warm place in the hearts and memories of those who survive him.

He graduated at Edinburgh in 1811, having visited Iceland and written his thesis on the maladies peculiar to its people in such a manner as to call forth many compliments from his examiners. Settled in metropolitan practice, his many endearing qualities, his happy blending of confidence with reserve, his instinctive knowledge of the world,

and his charm as a companion, added to his great professional skill, soon achieved for him a success which secured him at once a competence and undisputed social and literary position. Although, with rare self-denial, he limited his practice so that its earnings should not exceed five thousand pounds per annum, and thus secured to himself two months out of every twelve for foreign travel, and additional time in which to prosecute his favorite scientific studies, yet it is said that he leaves a fortune of about nine thousand pounds a year.

The fruits of the hours thus set apart have long been familiar to the profession. The acute philosophy of his "Medical Notes and Reflections," the logical clearness of his classic treatise on "Mental Physiology," and the vivid, comprehensive portraiture of the diplomatic, artistic, and literary world of the last half-century, contained in his "Recollections of Past Life," are all well known to medical readers.

Eight visits to America rendered him familiar with this country, of which he always wrote in friendly terms; and he speaks with enthusiasm in his last publication of the pleasure with which he had journeyed for two thousand miles along the St. Lawrence, navigated the waters of the Upper Mississippi, followed the Ohio, Susquehanna, Potomac, and Connecticut Rivers far towards their sources, and enjoyed the lakes, waterfalls, and mountain-gorges of the Ottawa.

His multifarious occupation of course left him but little time for purely professional business. He was never connected with a hospital, he never held office in the College of Physicians, nor was he ever seen in public medical circles; yet no name was better known in polite society, and he numbered among his intimate friends all who were distinguished as wits, scientists, or *littérateurs*.

Few men have led so active and yet so equable and happy a life, few men have so well united in themselves the social and professional qualities which should adorn the typical physician, and few men have been so widely and sincerely mourned for, as Sir Henry Holland.

"OUR Boston cotemporaries" have replied to the *British Medical Journal* in regard to the death from ether reported in the issue of October 11 of that journal. The form of the answer is as a letter from Prof. H. T. Bigelow. He says,—

"A feeble boy was etherized. During this process, though only partially narcotized, he was very completely asphyxiated, and, when nearly dead, was oper-

ated on without efforts at resuscitation. When at last his absolute prostration awakened serious alarm, he was vigorously flogged, with the view of restoring his exhausted strength, and under this active stimulus was excited to a final muscular effort, which expended and extinguished his flickering vitality. I believe that such a death might have occurred without the ether."

Afterwards he analyzes the case in such a way as to seemingly prove the correctness of his view.

IN England, as is well known, people, unlike the Americans, object to eating adulterated food, and there is a system of government inspection, with heavy fines, and even imprisonment, for those detected in selling such adulterated articles. According to the *British Medical Journal* of November 15, the bakers of Shoreditch Vestry, London, have been a little too much for the official analyst, Dr. Stevenson, Examiner in Toxicology to the University of London. They set their snares and nets so skilfully as to metaphorically land him high and dry, floundering about to no purpose. Loaves of bread of undoubted purity were labelled by him officially as being probably adulterated, whilst one loaf in which a drachm of alum had been purposely put received the official commendation of "not adulterated."

CORRESPONDENCE.

FORT SNELLING, MINN., November 24, 1873.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES.

IF sponge tents are coated with oleum theobromæ, their roughness disappears, and their introduction is not unpleasant.

Very respectfully, your obedient servant,

M. PENHOEL.

PROCEEDINGS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

THURSDAY EVENING, OCTOBER 9, 1873.

THE PRESIDENT, DR. J. H. HUTCHINSON, in the chair.

DR. WILLIAM PEPPER exhibited, for Dr. MACKENZIE, of Conshohocken, a specimen of *carcinoma of the liver* from a child *eight weeks* old, born of healthy parents who had two healthy children and a fourth who was the subject of epilepsy. The father was about 40 years old, the mother 36. The child seemed well at birth, took nourishment well, and was always a good child; it continued well, taking nourishment regularly, nor was there any increase in the size of the abdomen, up to ten days before death. The enlargement of the abdomen was firm and hard, and there was no sense of fluctuation; it increased rapidly, and there was increased prominence of the cutaneous veins. There

was no jaundice, no emaciation, no cachectic appearance. The only marked symptom was pain, which caused the child to cry out, and seemed to be increased when the body was turned to the left side. The urine was normal, and the stools were natural, though greenish at first.

At the *autopsy* the lungs and heart were found healthy. The stomach was healthy; the kidneys were not examined. There was no peritonitis, but about eight ounces of mixed clotted and fluid blood lay in the abdominal cavity. The clot lay over a large mass springing from the substance of the liver at a point of rupture.

Liver.—Weight, 11 ounces, 307 grains; entire organ measured six inches in transverse diameter. There were no evidences of inflammation of its capsule, which was smooth over most of the organ. The bulk of the organ was yellowish in color. The *right* lobe was free from any morbid growths, and of normal shape. The gall-bladder was healthy, and the biliary passages were free. The *left lobe* of the liver was the seat of a large, rounded growth, which occupied its entire extent, projecting from both the upper and lower surfaces. The tissue composing this mass appeared dark, in places almost blackish, through the capsule. It was three and one-eighth inches across, and two inches thick. On the antero-superior part of the growth was a ragged, softened, and torn area, about one inch in diameter, where the peritoneum was ruptured and partially destroyed. On section, the tumor presented the characteristic appearances of hæmatoid cancer.

Portions of the tumor were sent to Dr. TYSON for examination, who returned the following report: "I have examined the morbid specimen, and find it made up of a rather large-meshed stroma, filled with blood-corpuscles and cells, of which the accompanying drawing exhibits types. They are mostly pale, faintly granular, and generally contain one indistinct nucleus. Comparatively few multinuclear cells were present. Others of the cells were more highly granular, and others completely fatty. Some free oil also was present. There were very few pigmented cells, the coloration being mainly due to blood, of which there was a great abundance and apparently outside the vessels, as none of these were seen in sections treated with acetic acid; though it does not follow from such examination that the tissue was not extremely vascular. Indeed, I incline to believe it vascular. The piece of liver of more normal appearance was highly fatty, many cells being completely filled with oil, of which there was also an abundance free floating. The cells were more numerous in relation to the fibrous tissue, and more numerous than in the morbid portion."

Dr. PEPPER remarked upon the rarity of this affection in young children, and that the localization of cancer in them was very singular. Cancer of the kidney, for example, is relatively common in children under two years; there are also a certain number of cases of cancer of the glands; but other forms are rare.

Dr. BERTOLET asked whether the tumor was not very vascular. He said that if it was an *angionoma* taking on cancerous change secondarily, the case would be more consistent with experience, since this form of tumor is not very uncommon in children.

Dr. TYSON said that, although the mode of examination he had employed had not revealed any blood-vessels, he had, nevertheless, thought it likely that the tumor was rich in them, not only from its gross appearances, but also from the large number of corpuscles which occupied the meshes of the stroma.

Dr. PEPPER said that the history of the case was peculiar in this, that the development of the growth was very rapid, and that there was no cachexia.

The specimen was referred to the Committee on Morbid Growths, who reported it to be one of *carcinoma*.

Dr. H. LENOX HODGE presented a *large fibro-cellular tumor of the lower extremity*, measuring around its base 37 inches, over the anterior surface from above downward 27 inches, obliquely 37 inches, and laterally 35½ inches; removed a week ago, by amputation through the middle third of the thigh, at the Presbyterian Hospital, from a colored woman, 28 years of age. She states that as long as she can remember she has had an enlargement over the front of the knee; that it has gradually grown until it has attained this great size. She is the mother of four children, and, until a month ago, was able to take care of her children, attend to all her household duties, and at times she went out to do a day's work. She has not had pain in the tumor, but has only suffered from its great size and weight. The base and attachments of the tumor extend over the front of the thigh as high as the middle third, and around the outer side to the posterior surface, and across it to the inner side of the popliteal space. On the leg below the knee it was attached to the upper fourth; but when the patient stood the tumor hung pendulous, so as to reach nearly to the ankle. The surface was irregular, and in places lobulated. On the inner side the patella could be felt, and a sense of fluctuation detected. On section the tumor presented a dense fibrous structure, bathed with a clear limpid fluid and traversed by numerous large veins or sinuses. Many of these were large enough to have received a finger into their interior. The arteries were branches from the articular of the popliteal and the anastomotic of the femoral. They were little larger than normal. The knee-joint was distended by nearly a quart of straw-colored fluid. The cartilages covering the patella and tibia and the condyles of the femur were ulcerated; yet the patient, with this condition of the knee-joint, and notwithstanding the great weight of this large tumor, was able to walk and to labor. Several gentlemen of this Society have examined the structure of the tumor microscopically, and Dr. BERTOLET has kindly sent the following note as embodying the result of his observations:

"DEAR DOCTOR,—The tumor is a *sarcoma*. Although different sections show great variations in structure, yet the prevailing type may be put down as the small rounded. In numerous places the cells assume a larger habitus; here and there giant cells are seen. Stellate and spindle cells are also met with. The fibrillated interstitial substance is in many places so richly developed that the cellular elements are nearly lost sight of. It is this condition that gives the comparative firmness to the growth and renders the prognosis less unfavorable than in the softer varieties; yet repullulation may be expected even in a growth presenting these characters.

"The preponderance, in many places, of the fibrillated structure would warrant the designation of *fibro-sarcoma*; but this term, as well as that of *fibro-plastic* or *fibro-cellular* tumor, is also liable to lead to confusion.

"Truly yours,

"R. M. BERTOLET.

"October 8, 1873."

A dissection of the tumor has been made, showing its vascular supply and its attachments. Its origin appears to have been from the subcutaneous areolar tissue, with attachments to the deep fascia. The patella was found to have been laterally displaced, so that its upper or anterior surface presented inwards.

Since the operation the patient has done very well, and is now able to sit up in bed (Nov. 1).

Dr. BERTOLET said he had examined sections from the most dependent part of the tumor. He thought the result interesting as bearing upon the origin of the growth. If the giant cells are to be considered, as contended by some, as migrating from the bone-cells, then it might be said to be highly probable that the

growth emanated from the cambium layer of the periosteum, a site very rich in myeloplastic cells. This point could, however, only be ascertained when a more complete division of the growth had been made.

Dr. T. B. REED asked Dr. BERTOLET whether it was possible that this tumor could have originated from an enlarged bursa.

Dr. BERTOLET replied that such an origin was possible, but, judging from the microscopic characters presented, he thought this tumor did not so arise; that it started more probably from a bony layer; that if it had started from a bursa it would more likely have exhibited more of the lipomatous character, or simple sclerosis of the connective tissue,—the latter condition and the lipoma arborescens being the most frequent attendants of affections of the synovial membranes.

Dr. DE F. WILLARD had examined several sections of the tumor, and found many spindle-shaped and round cells, but did not discover any giant cells. There was also a fibrillated element, which decidedly predominates, and he thought the growth had its origin in the connective tissue of the part.

Dr. HODGE said in reference to its origin that it seemed to be in the connective tissue external to the muscles. In reference to the possibility of such a tumor originating in a bursa, one of the surgeons connected with the hospital mentioned a tumor which had come under his observation about two-thirds the size of the present one, which he thought was a fatty tumor, but found it really an enlarged bursa of the patella. Dr. HODGE further said that the patient up to the present time was doing perfectly well. She had, however, soon after the operation, extruded a dead foetus, which was in a state of decomposition, apparently dead two or three weeks. She was not aware that she was pregnant, and had stated that her courses had occurred three weeks before the operation.

Dr. JOHN H. PACKARD thought these tumors were particularly interesting in regard to diagnosis, which in this situation offered great and peculiar difficulty. In 1864 he had exhibited to the Society a tumor of the thigh weighing fourteen pounds, removed from a woman, age unknown. Several surgeons who had been consulted declined to interfere, and from a number of creases and cicatrices upon its surface a vascularity had resulted, which gave it the appearance of a malignant tumor. The appearance was truly deceptive, but a careful examination led him to believe that it could be safely removed.

The patient was obliged to carry the tumor in a bag, supported by a strap passing over the opposite shoulder. About six weeks after the doctor saw her, she died of cerebro-spinal meningitis; and in order to get the body into the coffin the tumor had to be cut off. It was sent to him for examination, when he found it to be a simple fatty tumor, which could readily have been removed.

Dr. TYSON referred to the large sarcoma of the thigh presented by Dr. MAURY about two years ago. He thought tumors in this situation were generally sarcomata.

Dr. HODGE asked Dr. BERTOLET whether it was common to have veins so large as those presented in this tumor.

Dr. BERTOLET said he did not recollect any statement to that effect, and had never examined into this point; but the larger the tumor the larger we would expect to be the veins; also that it is very natural for sarcomata to be extremely vascular, and at the same time the adventitia of the vessels are thickened. The favorite sites of these colossal sarcomata are the extremities of the long bones,—the femur, humerus, and tibia. There is also the peculiarity of slow growth, and this further peculiarity, that the lymphatics seem to escape, even when we have metastases in distant organs.

Dr. PACKARD presented for Dr. WM. MOSS, of Chestnut Hill, a portion of *intestine containing enlarged Peyer's patches* from which there had been *hemorrhage, causing death*, from a boy aged 5 years. The following history was furnished by Dr. MOSS:

"I saw the patient October 6, 4 P.M. The history of his attack is as follows. On the night of the 5th he had gone to bed in perfect health and high spirits. In the middle of the night his parents were waked by him, and found him complaining of pain in the epigastric region, and vomiting. The vomiting lasted through the night, but ceased on the morning of the 6th; the pain, which was not intense, abated without entirely ceasing. When I saw him he was pallid, pulse 160 and very weak, extremities cold, pupils much dilated, but sensitive. He lay with eyes closed, occasionally tossing his arms and head, speaking only when addressed, but then answering promptly and to the purpose. He did not complain of pain, but, when asked, always laid his hand upon the epigastrium. I observed no mental confusion; but his mother had noticed, several times in the day, slight and fleeting hallucinations.

"His abdomen was natural to the touch, neither swollen nor retracted, and very slightly sensitive on pressure. The vomited matter consisted of the usual contents of the stomach, with many grape-stones. I gave a guarded opinion that his condition might be due to prostration from prolonged vomiting caused by the indigestible fruit, or that we might be at the beginning of a sudden attack of meningeal inflammation.

"I ordered friction and external heat, and a small dose of sp. æth. comp. Saw him again in an hour; the medicine had been immediately rejected, with a flood of coffee-colored liquid. I repeated the medicine, which was retained. He said that the pain was gone, and that he was comfortable. A few minutes after 8 P.M. I was sent for, in haste. As I entered the room the child breathed his last. There had been no change since I last had seen him until just before they sent for me, when he grew more feeble.

"He had been a perfectly healthy child. Two years ago I attended him in well-marked typhoid fever.

"The post-mortem examination revealed that death had occurred from hemorrhage into the intestine from rupture of a vessel in a Peyer's patch, which had perhaps never completely cicatrized. The immediate cause of the hemorrhage was constriction of a large portion of the ileum by a band of adventitious tissue, through which the intestine passed and became strangulated."

Dr. J. C. WILSON presented a specimen of *perforating ulcer of the small intestine*, from a case of typhoid fever. The patient was a girl, aged 15. Symptoms of perforation appeared on the twenty-third day, and she died in a few hours. Peritonitis was localized to the lower parts of the abdomen. The perforation was oval, about three lines by four, and was situated seven inches above the ileo-cæcal valve. A ring of lymph was deposited upon its margin, both in the inner and the outer surface of the gut. A small quantity of opaque serum mingled with blood was found in the peritoneal cavity.

Dr. R. G. CURTIN presented a specimen of *tubercular ulceration of the small intestine*, from A. B., æt. 24. He had been in the army and navy, and while in these two branches of the service he contracted yellow, typhoid, and intermittent fevers. After leaving the service his health was quite good until about a year ago, when symptoms of pulmonary tuberculosis appeared. This disease progressed slowly until a few weeks ago, when symptoms of severe intestinal disease appeared, which soon caused his death. He had intense pain in the abdomen, with about six stools daily.

At the post-mortem examination, the lungs were

found to be filled with cavities, and along the small intestine from the pylorus to the ileo-cæcal valve, every few inches, large ulcers were found. These ulcers were oval in shape, and measured one and a fourth by three-fourths of an inch, the larger diameter being transverse. In the centre of these ulcers large sloughs were found. The piece shown was the lower part of the duodenum and the upper part of the jejunum. In the specimen the valvulae conniventes were greatly swollen and red around the ulcers, which, with the dark raised central sloughs, gave the ulcers the appearance of flowers. The mesenteric glands were found to be enlarged.

REVIEWS AND BOOK NOTICES.

NOTICE BY JOHN H. THOMAS, ONE OF THE COUNSEL FOR THE DEFENCE IN THE CASES AGAINST MRS. E. G. WHARTON, OF ATTACKS MADE ON HIM AND HIS COLLEAGUES BY DRs. S. C. CHEW AND P. C. WILLIAMS, AND PROF. WILLIAM E. AIKIN. Pamphlet. Baltimore, 1873.

The literature of the Wharton case seems likely to usurp a whole shelf in the medico-legal libraries of the future. Notwithstanding all that has been written, it seems that all the "facts" have not been so fully and distinctly brought before the public by the defence as the cause of truth and justice demands.

The author of the present pamphlet, John H. Thomas, Esq., long well known as one of the leading members of the Baltimore bar, was one of the most prominent counsel for the defence in both the trials of Mrs. Wharton. This gentleman is as proverbial for the suavity of his manners and his courtesy towards the witnesses at a trial as he is for his legal powers. When, therefore, he feels it necessary to take up his pen in vindication of himself, his colleagues, and his profession, from the aspersions of certain professional witnesses for the State, we may be sure there is "good and sufficient cause therefor."

Dr. Williams and Profs. Chew and Aikin have very freely ventilated their personal feelings, after their signal overthrow as "experts" in both trials. Unhappily, they have been betrayed by their disappointment into making most unjust and unprofessional attacks not only on the experts for the defence, but likewise on the opposing counsel, and on Mr. Thomas in particular. The latter, however, having unsheathed his sword, deals most trenchant blows at his accusers, nobly defending the legal profession, as likewise his own associate expert witnesses, who had been so traduced by their opponents.

This pamphlet of Mr. Thomas is doubly valuable because Dr. Chew has appealed to Mr. Thomas, or perhaps it would be more accurate to say has quoted Mr. Thomas as approving of his course; and it establishes certain points whose publicity should forever silence the clamor of those who continue to hunt down Mrs. Wharton—although she has been duly acquitted by process of law—with a persistency unheard of in the history of expert criminal jurisprudence, endeavoring to lay before the public evidences of guilt which were not in the legal testimony. Mr. Thomas distinctly proves gross misrepresentation on the part of Drs. Williams and Chew, and clearly shows that the Philadelphia experts acted conscientiously and without reproach; ay, that the very things in regard to them that Dr. Chew now denounces in such bitter terms were known by him before the experts went upon the stand, and *received his approval*.

Dr. Chew and his colleagues affirm that they were not voluntary witnesses, but were forced to attend upon

the trial by process of law. *They know that this is not true.* The pamphlet before us shows that their actions were voluntary,—so much so that the large claim which they, disinterested men, have made for compensation has not been granted by the Baltimore authorities, "but has been bandied about from the Register of the City to the Mayor, from the Mayor to the State's Attorney, because it was for services *not required and not provided for by law.*" It was they who, when poisoning was suspected, did not, as was their bounden duty under the laws, call the attention of the authorities to it, but made themselves the first post-mortem, and the first accusation, without the sanction or even the knowledge of the authorities.

It was they who dispensed with such trifles as the formulæ of a legal inquest,—a coroner and his jury,—and "took upon themselves the office of State's Attorney, coroner, and expert," and made—also voluntarily—a second and a third post-mortem; voluntarily, because there was no one on earth having authority to compel them to do it. It was they who day by day attended the trials most closely, and sat by the prosecuting counsel, prompting questions for the cross-examination of the experts for the defence. It was they who, as proven at the trial, gave at the time of the sickness of Mr. Van Ness repeated opinions that the chief attack was simply due to heat and exhaustion, and yet swore before the grand jury that the same attack was produced by tartar emetic, and testified on oath at the trial that strychnia was the only possible cause of it.

These men—the source, the very soul and centre, of one of the bitterest prosecutions that was ever waged in a criminal court—now complain that their testimony was reluctantly dragged from them. Having completely failed to sustain themselves before a legal tribunal, they insult the medical profession by attempting to sustain themselves before it by aspersions of their opponents, and by asserting that, although they may have failed to find tartar emetic at two post-mortems, they found it at a third, and have it now. Mr. Thomas proves them guilty of misrepresenting facts. At the trial twice they or their colleagues swore that they had found tartar emetic, but on cross-examination their mistake became painfully obvious. Remembering these things, how can we grant them credence now? Is it necessary to remind any one of the worthlessness of the scientific testimony of men so far committed?

After all is said and done in this controversy, one unquestionable fact remains: If Mrs. Wharton be guilty, Dr. Chew and his colleagues are guilty of a crime against society by destroying the evidence; if she be innocent, by their accusations they have committed an equally grave offence against her. One thing they may be well assured of,—*i.e.*, the world appreciates the fact that their zeal in bringing Mrs. Wharton to justice was equalled only by the ignorance which they displayed in the doing of it.

SEX IN EDUCATION, OR A FAIR CHANCE FOR THE GIRLS.

By EDWIN H. CLARKE, M.D., etc. J. R. Osgood & Co., Boston, 1873.

Many Americans remember with what amused curiosity they first glanced over the list of births in an English newspaper and wondered as to when it was, and how it was, that we as a people came to that definite degree of modesty which allowed us to publish marriages and to suppress the birth-announcements. For in fact there is in America a certain prudishness as to all such matters, so that women who are pregnant are led to conceal it, even if, as is often the case, they do not feel truly ashamed of fulfilling the functions of maternity. In England there is certainly less reserve as to mentioning that a woman is pregnant, or expects to be, or has been, confined. The same modishness has inter-

ferred with the frank admission of the relations of sex to business or professional life, and even to education. Hence it is that all sorts of absurd discussions upon these matters go on daily in our periodicals, with so little allusion to the sexual difference and its consequences that one might well suppose we were merely arguing upon the relative capacities of two tribes of males.

The book before us is an outspoken, manly statement, by a physician of the highest intelligence, as to one, at least, of these mooted subjects. It treats of the defects of our ways of dealing with the education of girls, and insists throughout, in the plainest language, upon the constant recognition in our homes and our schools, as well as in the business of life, of the fact that girls menstruate, and that, as the real purpose of women is to have healthy babies healthfully, so whatever interferes with these ends is wrong in principle,—cruel to the future woman, and impolitic as regards the race. This valuable little bit of plain speech had this origin. Dr. Clarke was asked to lecture to the Woman's Club in Boston; whereupon he spoke to its members certain truths, which stirred up so much talk and criticism that he was led to explain himself at large to the general public. If he be not accused of indecency and the like, we shall be pleasantly surprised. After a clever introduction, in which he laments the failure of our women, he treats next of the social customs and school habits which tend to injure them. Then comes the doctor's relation of the numerous cases which he has seen of women ruined by disregard of the facts of sex and its needs during the years of sexual evolution. Another chapter disposes of that peculiar American enormity,—co-education of the two sexes. This is a chapter which needs to be read in this city, where many estimable people believe in this plan of instruction. Lastly, Dr. Clarke indicates the better points in the European way of treating girls at the age of puberty; and this, too, is a piece of plain talk, which every mother should study with care.

After reading the well-weighed words of Dr. Clarke, his verdict as to the want of motherly watchfulness in America, his strictures on systems of education which bend to no laws of physiology, we shall wait with interest the replies which his book ought to provoke. Certainly no such rude attack, and none so efficient, has been yet made upon the modern plan of educating the two sexes together; nor has he by any means stated all of the objections which naturally arise in a physician's mind. It is, indeed, a subject ripe for discussion.

While giving the warmest praise to the motives which caused Dr. Clarke to write, and to the method and temper with which he has written, there is yet a single matter as to which we should like to add a few words.

Dr. Clarke charges that our women are needlessly unhealthy, and that they are only too often unfit to bear and nurse children; that this is owing to want of attention to the peculiar physiological laws of their sexual development; that this is the fault of their mothers on the one hand, and on the other that it is due to rigid methods of education, which develop the brain at the expense of the generative organs. All of this is true,—only too true; but Dr. Clarke in urging it should, we think, have asked himself whether climate, in its largest sense, has not something to do with the delicacy of our women. We believe that he would have been led to grant that a part of our troubles lies here, and in the fact that a perpetually changing race, renewed daily from Europe, is undergoing acclimation, and that there is every reason to hope that we are suffering in part from unavoidable and transient conditions. In other words, we should merely add to what Dr. Clarke has said, that the climate with its extremes, which make exercise so difficult, is, in that and

other ways, very trying to our young women. In saying this, we should merely be emphasizing what Dr. Clarke has so well stated, because, if in addition to the evils which can be avoided we have to admit others which cannot be, there is only the greater reason for keeping in view all the needs of the girl at her time of fullest sexual development.

S. W. M.

GLEANINGS FROM OUR EXCHANGES.

PHYSIOLOGICAL ACTION OF THEINE, CAFFEINE, COCAINE, THEOBROMINE, AND GUARANINE (*Edinburgh Medical Journal*, October, 1873).—It has hitherto been supposed and stated by many authors that theine and caffeine are inert substances, and that the physiological effects of tea and coffee are not due to these neutral principles, at all events in a state of isolation. From experiments conducted by himself, Dr. Alexander Bennett has arrived at the following conclusions:

1. The physiological actions of tea, coffee, guarana, coca, and cacao are mainly, if not entirely, due to their proximate principles.
2. Theine, caffeine, guaranine, cocaine, and theobromine are powerful poisons, inducing a series of symptoms affecting the nervous, respiratory, circulatory, vaso-motor, and glandular systems, and which terminate, if the dose be large enough, in death.
3. These five principles are to all appearances identical in physiological action.
4. In small doses, not ending fatally, they produce—1st, cerebral excitement not succeeded by coma; and 2d, partial loss of sensibility.
5. In large doses they produce—1st, cerebral excitement; 2d, complete paralysis of sensibility; 3d, tetanic spasms and convulsions; and 4th, death.
6. They paralyze the entire posterior columns of the spinal cord, also the entire system of peripheral sensory nerves; but the anterior columns of the cord, and the peripheral motor nerves, are not paralyzed.
7. They frequently produce convulsions of a clonic character, but occasionally they cause tetanic spasms, which latter are sometimes so severe as to cause opisthotonos. They do this, not by excitation of the reflex function, but probably by acting directly on the cord itself.
8. They do not produce muscular paralysis.
9. They at first increase, then impede, and lastly stop the respirations.
10. They at first increase, and finally diminish, both the force and frequency of the heart's contractions.
11. They produce at first contraction, and afterwards dilatation, of the capillaries and small blood-vessels, with stasis of the blood, indicating first irritation, and subsequently paralysis, of the vaso-motor nerves.
12. They affect the temperature by, 1st, slightly lowering, and, 2d, increasing it.
13. They usually produce contraction of the pupil.
14. They produce an increase of the salivary secretion.
15. They induce a peculiar form of tenesmus, accompanied by a copious discharge of clear mucus from the bowels.

Dr. Bennett gives diagrams of the respiration, pulsation, and temperature, with elaborate tables of the results of his experiments, and details the manner of their performance. The animals used were frogs, mice, cats, and rabbits.

AFRICAN CUSTOMS (*Le Progrès Médical*, August 30, 1873).—M. Henry Blanc, at a recent meeting of the French Association for the Advancement of Science, *à propos* of a communication on the physiological theory

of love, gave an account of some curious customs which prevail among certain African races.

The Somalis, who inhabit the plains along the north-east coast of Africa, practise the following operation. During the month subsequent to the birth of a female child, the labia minora, which are greatly developed in this race, are removed, leaving a large raw surface on each side. These surfaces are brought into contact and retained there by a bandage surrounding the abdomen and thighs. A piece of feather is inserted into the lower portion of the wound, so as to prevent the union of its edges at that point, and to permit later of the free escape of the catamenia. Until the age of ten or twelve years—the nubile epoch—is reached, the children are entirely nude, and it is impossible to perceive any trace of the genital organs, the union being always so perfect that the surrounding skin seems to pass from one thigh to the other with its continuity unbroken. At the time of marriage the bride is carefully examined by the parents of the groom, and the ceremony only takes place if the skin covering the vaginal orifice is thoroughly intact.

If the husband be young and vigorous, his conjugal approaches are usually sufficient to remove this obstacle; if not, he contrives to make a way for himself with the help of a sharp stone. The females are cold and experience no excitation during copulation.

The Abyssinians, who live on the elevated plateaux of the same region, circumcise their children the eighth day after birth. With the girls this operation consists in the ablation of the clitoris, the labia being left intact. Their women are highly lascivious, and seem to live only for sensuality. Their language is rich in expressions denoting the pleasures of physical love, and prostitutes are held in high esteem. Among the Somalis also, those women who, through the negligence of their parents, have not undergone the usual operation, become prostitutes and show themselves possessed of strong sexual passions. M. Blanc concludes, therefore, that these differences cannot be considered as attributable to race or climate, but that the seat of the pleasure experienced by the females during copulation must be in the labia minora, and not in the clitoris.

APHASIA (*Dublin Journal of Medical Science*, October, 1873).—Mr. James Martin was called to see a boy, aged six years, who had been complaining of right-sided frontal pain for about five days, and who had awakened after a short nap, entirely unable to sleep. He was perfectly sensible; pupils natural; tongue furred; temperature 100°; pulse 120; respiration 32; kidneys acting well. Two powders of calomel and jalap were given, and a mixture containing iodide, bromide, and bicarbonate of potassium was ordered, and taken for a week, at the end of which time he was quite well. The attack was peculiar from the readiness with which it yielded to treatment, and from its seat being on the right side.

ABSCISS OF THE LARYNX SIMULATING CROUP (*Edinburgh Medical Journal*, October, 1873).—Dr. William Stephenson details three cases of abscess of the connective tissue in immediate relation to the larynx. In the first it occurred in a child, æt. 4, convalescent from scarlatina, and was attended with labored and stridulous breathing, cyanosis, dysphagia, and inability to lie down. Secondary lung-complications ensued, and the child died, the abscess, situated on the outer side of the right thyroid cartilage, being only discovered after death.

In the second, the child, æt. 2, was just recovering from an attack of smallpox: the symptoms were similar to those of the preceding case, the difficulty of breathing had lasted for a week, the child sat in an erect position in bed, and a small swelling was observed immediately

below the thyroid cartilage. It was opened, and three or four drachms of pus were withdrawn, with immediate relief to respiration. The child sank and died some days afterwards, from the weak cachectic condition induced by the disease.

In the third case, a child, æt. 18 months, the trouble began with a glandular swelling under the lower jaw, which disappeared in the course of a fortnight, and was followed by a fulness in the lower part of the neck, a slight displacement of the larynx to the right, and difficult respiration. These symptoms increased, until at the end of the second week a small rounded soft swelling could be felt about the level of the isthmus of the thyroid and at the outer margin of the sterno-hyoid muscle. This was opened, four ounces of pus were discharged, the urgent symptoms were at once relieved, and the case progressed steadily to complete recovery.

Dr. Stephenson remarks that the diagnostic symptoms of this affection are almost precisely those of retro-pharyngeal abscess. The more gradual onset of the laryngeal trouble as compared with croup, the pain and difficulty of deglutition, the paroxysms of dyspnoea which ensue on that act, and, lastly, the preference for and comparative relief obtained in the erect position, are all points of great importance, and are all characteristic of both post-pharyngeal and laryngeal abscess. They are markedly distinct from the symptoms of intra-laryngeal affections.

The author, in conclusion, gives a short *résumé* of a paper by Dr. Parry, on "Abscess of the Larynx in Young Children," published in this journal on the 14th of June, 1873.

EPITHELIAL CANCER OF THE COLON (*The American Practitioner*, November, 1873).—Dr. S. Littell reports the case of a man, aged 49, who died from a malignant affection of the mucous membrane of the intestine, which had resulted in perforation of the colon, the formation of an abscess between the peritoneum and the integuments, and the establishment of an artificial anus in the back, a few inches to the left of the spinal column, and at a point nearly on a line with the upper margin of the kidney.

THUMB-SUCKING.—I have observed that a peculiar and rather common deformity of the chest is caused by the habit of sucking the thumb in infancy and early childhood. The weight of the arm on the thorax of the child during sleep produces depression of the ribs in the line occupied by the arm when the thumb is placed in the mouth. As this is a very important effect of "thumb-sucking" never hitherto pointed out, I think it desirable to place this note on record for the benefit of other observers.—Dr. Horace Dobell, in *British Medical Journal*.

ELEPHANTIASIS—TREATMENT BY LIGATURE.—Dr. Manduel publishes, in the *Lyon Médical*, a *résumé* of all the cases of elephantiasis treated by ligature of the main artery of the affected part. This operation, introduced by Carnochan, of New York, has been performed twenty-three times,—viz., on the femoral artery fifteen times, on the external iliac three times, on the anterior tibial twice, on the two carotids once, the brachial once, and in one case the artery is not mentioned. The success attendant upon the operation has been thus tabulated: one died of pyæmia; in two cases, a negative result; four were attended by a speedy relapse; six were relieved, and eleven cured. The number recorded as cured is probably inexact, inasmuch as patients suffering from this disease are exceedingly prone to a relapse, and require to be kept under observation several years before the degree of success can be estimated.

Compression, which has the advantage of being com-

paratively harmless, has succeeded in some cases. Du-four has reported several. Vanzette, of Padua, records a case of a young girl in whom the disease attacked the right leg. Complete success followed compression, and at the time the case was reported, three years afterwards, the patient remained perfectly well. Quite recently Gosselin attempted the same treatment, but without favorable result.—*New York Medical Journal*, November, 1873.

THE BLOOD IN YELLOW FEVER (*New York Medical Journal*, November, 1873).—Dr. Joseph Jones has found by careful and laborious observations that the changes which occur in the blood in yellow fever consist chiefly in—

1. Such an alteration of the chemical and physical properties of the fibrin and albumen as leads to the transudation of the latter through the excretory structures of the kidneys.

2. Various degrees of alteration and diminution, and in some cases almost entire disappearance, of the fibrin. Here we have an important explanation of the cause of the hemorrhagic tendency in yellow fever.

3. Peculiar and irregular changes in the form and size of the colored blood-corpuscles.

4. Increase of the extractive matters of the blood.

5. Increase of the fatty matters of the blood.

6. Accumulation of bile in the blood, giving a golden color to the serum, and probably accounting for much of the nausea, vomiting, and cardiac depression, as well as for some of the cerebral symptoms.

7. Accumulation of the urinary constituents, especially the urea, phosphoric acid, sulphuric acid, chloride of sodium, and carbonate of ammonium. The blood is alkaline, and contains ammonia, resulting from the decomposition of the urea.

8. Rapid dissolution of the colored corpuscles after the blood is abstracted from the body, either during life or after death.

9. Rapid putrefaction of the blood after its withdrawal from the living body, or from the large vessels after death.

ACUTE IDIOPATHIC GLOSSITIS (*Irish Hospital Gazette*, November 1, 1873).—Mr. Frederick W. Warren reports a case of glossitis occurring in a temperate man, thirty years of age, and preceded by headache, constipation, and dysphagia. After three days of these premonitory symptoms, his tongue became immensely swollen, filling the mouth, causing great pain in swallowing, and rendering the speech inarticulate. The submaxillary glands and the whole hyoid region participated in the inflammation. Two parallel longitudinal incisions were made along the dorsum of the tongue, one on each side of the median line; four leeches were applied under the lower jaw, and a powder of calomel and jalap was given. The next day he was much better, but, as there were still some tenderness and swelling around the hyoid region, six leeches were applied to the seat of pain. A senna mixture was ordered, to relieve the constipation which persisted. In two days he was almost well, and in a week was discharged, cured.

STRYCHNIA-POISONING (*Boston Medical and Surgical Journal*, November 6, 1873).—Dr. G. W. Copeland reports the case of a middle-aged man who took five grains of strychnia with suicidal intent. He was seen an hour and a half later, suffering from frequent convulsions, with great opisthotonos, and unable to swallow or articulate. Twenty grains of sulphate of zinc failed to produce emesis, and inhalations of chloroform were resorted to and continued for eleven hours with excellent effect. The convulsions grew less severe and less frequent, and finally ceased altogether, and the case terminated in recovery.

MISCELLANY.

TOOTH-PICKS.—The tooth-pick is certainly a hygienic instrument. Hence its consideration is within the province of a medical journal; wherefore we abstract the following remarks of S. Phillips Day from a recent number of the *Food Journal*, for the edification of our readers. Mr. Day may be master of anathema,—may be a Beau Brummel in society,—but he certainly is wrong in asserting that the proper use of the tooth-pick is injurious to the teeth:

"The other day that public censor, *Punch*, laid his hand rather heavily upon those 'Savages in Clubs' who, dead to all feelings of delicacy, adopt the revolting and brutal practice of picking their teeth with sharp instruments while at table, and even in the presence of ladies. One can scarcely conceive a habit more ungentlemanly, offensive, and abominable. . . .

"The tooth-pick, or pick-tooth, is derived, it appears, from the *stecco* of the Italians, and likewise formed the crude idea from which the two-pronged fork was drawn. The instrument was unknown in England before Queen Elizabeth's reign. A few of the early dramatists make reference to it. Thus, in Ben Jonson's 'Every Man Out of his Humor' (act iv., sc. i.), Fallace, the Citizen's wife, cries:

"O, sweet Fastidius! O, fine courtier! How cleanly he wipes his spoon at every spoonful of white meat he eats, and what a neat case of pick-tooths he carries about him still!"

"From this passage critics consider that although Fastidius carried a bundle of wooden skewers sharply pointed about his person, nevertheless he did not use them to pick his teeth, but simply for the purpose of conveying solid food to his mouth, just as the Chinese make use of chop-sticks for the like purpose; that is, to serve in lieu of a fork. Court gallants also employed spoons to eat white meat. The tooth-picks were carried in neat cases and were regarded as gewgaws. Hence they were used ostentatiously at meals, and on other occasions, by way of distraction. Thus, Overbury, in his 'Characters,' observes of an 'Affectate Traveller' that 'his tooth-pick is a main part of his behavior,' clearly intimating that the shocking habit of picking the teeth had not then been in vogue. This is further confirmed by Shakespeare, who in his play of 'King John' (act i., sc. i.) makes Philip the Bastard observe:

"He and his tooth-pick at my worship's mess;
And when my knightly stomach is sufficed,
Why then I suck my teeth."

"The pernicious practice of picking the teeth manifestly must have come into use during Dryden's time. In one passage of his plays we alight on the following curt allusion:

"These are not dishes for thy dainty tooth:
What! hast thou got an ulcer in thy mouth?
Why stand'st thou picking?"

"Sandys observes, 'If tooth-picks of the lentisc be wanting, of a quill then make a tooth-pick.' Lentisc, according to an old writer on husbandry, is a beautiful evergreen, and made the best tooth-picks.

"Some persons in America are particularly addicted to the foul practice of using tooth-picks. In fact, not satisfied with the vigorous employment of such weapons during meals, they are said to carry them in their mouths out of the dining-room, and to keep digging at their teeth or else twirling them between their lips for an indefinite period. This is an amusement equal to 'whittling;' and 'a certain Yankee,' as has been incisively observed, 'can "whittle" a tooth-pick out of a pine log.'

"Nothing can well be more revolting to sensitive, cleanly persons than the habit of picking the teeth, either at meals or afterwards. The material of which the nasty instrument of torture is made, whether of wood or quill, does not render the practice less reprehensible. I lately observed in a shop-window in Holborn a box of pretty-looking 'diaphanous' tooth-picks imported from France; and it sorely grieved me to think that so much ornamentation should be bestowed upon such injurious articles. The use of tooth-picks should not be tolerated in civilized society, especially in what is termed 'good society.' Negroes do not need such things; then why should the white man? Savages can get on very well without such skewers; then why should Christians patronize them? Besides, they are highly injurious to the human teeth, creating apertures between them, destroying the delicate enamel which protects them, thus inducing premature decay. Therefore, both on the grounds of decency and health, the tooth-pick should be universally eschewed."

DEAF AND DUMB.—Dasent estimates that in Europe alone there are 200,000 afflicted in this way. In mountainous regions, as in Switzerland and Savoy, the proportion is very great. In the Berne Canton there is one to every 195 inhabitants; in Scotland, one to 196. In Great Britain, however, the proportion is only one in 1660; in Ireland, one in 1380. At the census in 1851, there were 12,553 deaf and dumb,—6884 male, 5669 female. They have increased in number during the last twenty years, the former still heading the list.—*British Medical Journal.*

At a meeting of the Anatomical Class of the Jefferson Medical College, Robert M. Hays was called to the Chair, and E. R. Lewis appointed Secretary.

The following preamble and resolution were unanimously adopted:

Whereas, the Anatomical Class of Dr. William H. Pancoast, and the students of the college generally, have heard of the great and irreparable loss which he has just sustained in the death of his beloved wife, who was personally known to many of us, and highly esteemed by all: therefore,

Resolved, That they hereby tender to him the expression of deep sorrow which they feel on this sad occasion. They wish also to assure their valued teacher, who has so thoroughly won the friendship and affection of his class, that they sympathize sincerely with him in his bereavement, and offer to him their sincere condolence.

JOHN V. SHOEMAKER,
A. P. BRUBAKER,
C. E. SAYLES,
ROBERT MCCONAUGHY,
D. R. MILLER. } Committee.

THE next Conversational Meeting of the Philadelphia County Medical Society will be held Wednesday, December 10, 1873, at 8 o'clock P.M., at the Hall of the College of Physicians. All regular practitioners of medicine in the city are cordially invited to attend these meetings. The subject

before the next meeting will be "The Use of Alcohol Medicinally and Socially." The introductory paper will be read by Dr. George Kerr.

RETURN OF DEATHS AND INTERMENTS IN PHILADELPHIA FROM NOVEMBER 2 TO NOVEMBER 29, 1873.

DISEASES.	Adults.	Minors.	DISEASES.	Adults.	Minors.
Abscess.....	1	1	Fever, Malarial.....	2	...
Albuminuria.....	2	...	" Puerperal.....	4	...
Anæmia.....	1	...	" Remittent.....	...	2
Aneurism.....	1	...	" Scarlet.....	...	26
Apoplexy.....	18	1	" Typhoid.....	22	12
Asphyxia.....	1	4	" Typhus.....	2	1
Asthma.....	4	...	Fracture of the Skull.....	...	1
Burns and Scalds.....	5	...	Gout.....	1	...
Cancer.....	7	1	Heart Clot.....	1	...
of Breast.....	3	...	Hemorrhage.....	3	...
" Face.....	1	...	" Lungs.....	3	...
" Liver.....	4	...	Hooping-Cough.....	...	2
" Stomach.....	6	...	Inanition.....	2	16
" Uterus.....	6	...	Inflammation of Bladder.....	2	...
Casualties.....	14	4	" Brain.....	3	6
Cerebro-Spinal Meningitis.....	2	2	" Bronchi.....	6	7
Cholera Infantum.....	...	5	" Ear.....	...	1
Cirrhosis of Liver.....	5	...	" Heart.....	1	1
Compression of Brain.....	...	1	" Kidneys.....	2	...
Congestion of Brain.....	13	12	" Larynx.....	1	3
" Liver.....	1	...	" Liver.....	7	...
" Lungs.....	9	5	" Lungs.....	27	15
Congestive Chill.....	...	1	" Peritoneum.....	10	2
Consumption of Bowels.....	1	19	" Pleura.....	1	...
" Lungs.....	165	19	" Stomach & Bowels.....	13	15
Convulsions.....	1	34	" Throat.....	...	1
" Puerperal.....	4	...	" Tonsils.....	...	2
Cramps.....	...	27	" Uterus.....	2	...
Croup.....	...	4	Intemperance.....	2	...
Cyanosis.....	...	25	Intussusception.....	...	1
Debauch.....	28	3	Leucocythæmia.....	1	...
Diabetes.....	3	3	Malformation.....	1	5
Diarrhœa.....	3	3	Mania a potu.....	1	...
Diphtheria.....	...	6	Marasmus.....	...	32
Disease of Brain.....	2	3	Measles.....	...	3
" Heart.....	28	2	Murder.....	1	...
" Hip.....	1	1	Necrosis of Jaw.....	1	...
" Kidneys.....	12	...	Neuralgia.....	1	...
" Liver.....	3	...	" of the Heart.....	4	...
" Lungs.....	1	...	Obstruction of Bowels.....	2	...
Dropsy.....	11	2	Old Age.....	42	...
" of Abdomen.....	1	1	Paralysis.....	19	...
" Brain.....	7	...	Poisoning.....	1	...
" Chest.....	3	1	Pyæmia.....	2	...
" Heart.....	3	1	Scrofula.....	...	3
Drowned.....	3	...	Septicæmia.....	2	2
Dysentery.....	...	1	Softening of Brain.....	10	2
Dyspepsia.....	...	1	Sore Mouth.....	...	1
Efusion on Brain.....	...	2	Still-Born.....	...	66
Empyæma.....	1	...	Suffocation.....	1	...
Enlargement of Prostate.....	1	...	Suicide.....	4	...
Epilepsy.....	1	...	Teething.....	...	1
Erysipelas.....	2	3	Tetanus.....	...	3
Fatty Degene'n of Heart.....	2	...	Tumors.....	1	1
" Kidneys.....	1	...	Ulceration of Bowels.....	1	...
Fever, Catarrhal.....	...	3	Unknown.....	4	2
" Congestive.....	1	...			
TOTALS.....				603	419

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY, FROM NOVEMBER 25, 1873, TO DECEMBER 1, 1873, INCLUSIVE.

WOLVERTON, W. D., ASSISTANT-SURGEON.—Assigned to duty at Nashville, Tenn. S. O. 202, Department of the South, November 21, 1873.

GREENLEAF, C. R., ASSISTANT-SURGEON.—Assigned to duty at Huntsville, Ala. S. O. 202, c. s., Department of the South.

CALDWELL, D. G., ASSISTANT-SURGEON.—When relieved by Assistant-Surgeon Wolverton, to comply with War Department orders in his case. S. O. 202, c. s., Department of the South.

TAYLOR, M. K., ASSISTANT-SURGEON.—When relieved by Assistant-Surgeon Greenleaf, to comply with War Department orders in his case. S. O. 202, c. s., Department of the South.

KING, W. H., ASSISTANT-SURGEON.—Granted leave of absence for thirty days, with permission to leave limits of Department and apply at Division Headquarters for an extension of ten days. S. O. 204, Department of the South, November 26, 1873.